



IowaCare

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Purpose

The IowaCare program is a limited expansion of Medicaid that provides health benefits to low income adults. It has statewide eligibility criteria. In July of 2005, it replaced county-by-county decisions in the prior "State Papers" charity care program.

Who

- The IowaCare program covers people aged 19-64 who:
 - Are not eligible for Medicaid
 - Have incomes below 200 percent of federal poverty level (FPL)
 - Do not have other health insurance
 - Agree to pay an income-based premium if their income is over 150 percent of FPL. Premiums may be waived in hardship cases. Ninety percent of IowaCare members have incomes below 150 percent of FPL.
- Most IowaCare members are single or childless couples.

What

- Covered services include inpatient/outpatient hospital, physician, advanced registered nurse practitioner services, limited dental services IowaCare providers choose to render, preventive physicals, and smoking cessation.
- Services do not include pharmaceuticals, with the exception of those needed during and immediately following inpatient hospital stays or outpatient hospital services. Emergency services are covered if provided by an IowaCare provider.
- A 2010 legislative mandate and appropriation allows emergency services to be covered at local (non-IowaCare) hospitals up to the amount appropriated.
- Covered services are being offered at an expanding provider network. For the first five years, services were offered only at the two hospitals that were funded for the program – Broadlawns Medical Center in Des Moines (for Polk County residents) and University Hospitals in Iowa City for all other IowaCare members. In 2010, the Legislature added additional funds enabling services at regional clinics, starting (in October 2010) with federally qualified health centers (FQHCs) in Sioux City and Waterloo. Other clinics will be phased in as funding allows.
- Unlike Medicaid, IowaCare is not an entitlement, meaning that it depends on specific appropriations and other legislative direction.
- Approximately 38 percent of IowaCare's budget is provided by state funds, with the rest being federal. Total expenditures for FY2011 is about \$125 million.

How are We Doing?

- IowaCare has been instrumental in providing health care to adults who would otherwise have no access to any type of health care regardless of income. About 38,400 people were enrolled as of June 2010, almost three times the 2005 startup level of 14,000.
- IowaCare was originally established by legislation resulting from an agreement between state and federal officials in the spring of 2005. The agreement permitted federal matching funds for previously state-only dollars in the U of I charity care program, and for Polk County property tax dollars supporting the county hospital. The agreement prevented a loss of more than \$66 million in federal funds.
- IowaCare was originally a five-year waiver program that expired on June 30, 2010. A renewal waiver has now been approved for an additional three and a half years.
- In January 2014, IowaCare will transition to Medicaid Expansion under the Affordable Care Act.